It is form complies with the statutory requirement set forth in IC 5-2-15.3.

Date:	<u>7-15-08</u>	Address:	Lincoln Highway	
Case #:	<u>24-29446</u>		1/8 mile west of Queen	
County:	<u>Marshall</u>		Plymouth, IN	
Type of Laboratory Seizure (check one) ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Seizure Location (compared Residence Outbuilding Vehicle	check all that apply) Hotel/Motel Open – No Structure Other:	
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s): Flammable Solvents: Water Reactive Metal (Lithium): Anhydrous Ammonia: Hydrochloric Acid Gas Generator(s): along road Corrosive Acid: Corrosive Base:				
Child unde ☐ Yes ☑ No	r age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrine	e <u>Information</u> e/Pscudoephedrine Tracking Log rehant Tip	
<u>This report</u>	is to be faxed to the following agen	cies that serve the lo	cation:	
Fire Department: <u>Plymouth Fire</u> Health Department: <u>Marshall Co.</u> Child Protection Service: <u>N/A</u>		Fax: <u>574-93</u> Fax: <u>(574)</u> 9	Fax: <u>574-936-5256</u> Fax: <u>(574) 936-9247</u> Fax:	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Aaron Campbell Phone 1-800-552-2959 ** This form is to be faxed to the Fire Department. Health Department and/or Child Protection Society Contact				

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.

listed within 24 hours of scene processing.